PUBLIC HEALTH, WELFARE & SAFETY

Exhibit No. 1

Date 1-30-09

Bill No. SB 271

Montana Association for Marriage and Family Therapy

SB 271
Licensure for Marriage and Family Therapists

- Currently, the federal government recognizes five mental health disciplines as core mental health professionals. These are (1) psychiatrists, (2) psychologists, (3) mental health clinical nurse specialists, (4) clinical social workers and (5) marriage and family therapists.
- Marriage and Family Therapists are recognized by the Department of Defense to provide Mental Health care to our troops and their families.
- The Montana Licensed Clinical Professional Counselors Association, and the Licensed Clinical Professional Counselors National organization, on their own websites have this to say about Marriage and Family Therapists:

  "Licensure requirements for (Licensed Clinical Professional Counselors) mental health counselors are *equivalent (italics added)* to clinical social workers and marriage and family therapists - two other mental health professional disciplines requiring a minimum of a masters degree....."
  http://www.mlcpca.org/what.php and http://www.amhca.org/about/

- Montana and West Virginia are the only two states in the country that do not currently license the profession of Marriage and Family Therapy. A licensure effort will be taking place in West Virginia this year. Senate Bill 271 will ensure that Montana is not the only state in the country without a Marriage and Family Therapy License.
- A Marriage and Family Therapy curriculum requires specialized course work and clinical experience. Currently, in the US there are 55 master's programs, 20 doctoral programs, and 13 postgraduate institutes that are either accredited or candidates for accreditation by the American Association for Marriage and Family Therapy (AAMFT, 2003).
- Professional licensure is required to protect and inform consumers. Senate Bill 271 will help communicate areas of expertise and professional training to potential clients.
- The Montana Association for Marriage and Family Therapy has worked with a variety of practitioners over the years to develop the SB 271.
- SB 271 will not preclude members of the clergy or others that currently provide marriage and/or family counseling from continuing to counsel. The purpose of the SB 271 is to recognize the specialized expertise and training of Marriage and Family Therapists.

Let's License Family Therapists in Montana

- **Forty eight (48) states license family therapists** as an independent profession
- Marriage and family therapists (commonly referred to as MFTs or family therapists) are **highly trained** mental health professionals with a minimum of a master's degree and two years supervised clinical experience
- MFTs are trained and licensed to **independently diagnose and treat** mental health and substance abuse problems.
- The federal government recognizes MFTs as **a "core" mental health profession**, along with psychiatrists, psychologists, social workers, and psychiatric nurses.
- A family orientation coupled with rigorous training make MFTs **uniquely qualified**. Their training routinely includes live supervision by experienced MFTs, unique among mental health disciplines. Family therapists treat from a relationship perspective that incorporates family systems, even in individual psychotherapy.
- **Family therapists treat a wide range of behavioral and mental health problems**, including depression, childhood behavioral and emotional disorders, marital and relationship problems, conduct disorder and delinquency, substance abuse, alcoholism, domestic violence, and severe mental illness.
- Family therapists provide brief, solution-focused therapy that often results in lower costs
- MFT fees are 60% of psychiatrists' and 80% of psychologists'
- Licensing family therapists will improve access to care because it will attract family therapists to practice in Montana.
- Family Therapists are the only professionals who are required to receive training in family therapy.

January 30, 2009

The Honorable Carrie Webster
Chair, West Virginia House Judiciary Committee
Room 418M, Building 1
State Capitol Complex
Charleston, WV 25305

Dear Chairwoman Webster:

The American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA) and the National Board for Certified Counselors (NBCC) are writing concerning HB 2530, 2007 legislation introduced by Delegate Larry Barker, to license marriage and family therapists in West Virginia. Our respective organizations are not opposed to future efforts similar to HB 2530 as it is in the best interests of citizens to allow mental health practice by competent mental health professionals.

ACA, AMHCA and NBCC believe that mental health professionals, including marriage and family therapists, whose members are educated, trained, and competent to provide mental health services, should be allowed to practice within their own profession by state licensure. Furthermore, we were pleased that HB 2530 contains an exemption clause for counselors as they are appropriately regulated by the West Virginia Board of Examiners in Counseling and the passage of similar legislation will permit counselors to continue to engage in family counseling as their scope of practice and licensure law currently allows.

Marriage and family therapists are currently licensed in 48 states, and counselors are licensed in 49 states. In the 47 states licensing both professions, we know that dual licensing has not been a concern, and we are sure that more citizens are served professionally.

Thank you for considering our comments. If you or your staff requires additional information concerning counselors, please feel free to contact either of us. Rich Yep, of ACA can be reached at 800-347-6647, Mark Hamilton of AMHCA at 800-326-2642 and Tom Clawson of NBCC at 336-547-0607.

Sincerely,

Richard Yep
Executive Director
American Counseling Association

AMERICAN COUNSELING ASSOCIATION

Mark Hamilton
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NATIONAL BOARD FOR
CERTIFIED COUNSELORS

cc: Members, House Judiciary Committee, West Virginia Delegate Assembly
Delegate Larry W. Barker

AAMFT

American Association for Marriage and Family Therapy

Advancing the Professional Interests of Marriage and Family Therapists

MARRIAGE AND FAMILY THERAPISTS

THE FAMILY-FRIENDLY MENTAL HEALTH PROFESSIONALS

Marriage and family therapy is based on the research and theory that mental illness and family problems are best treated in a family context. Trained in ***psychotherapy*** and family systems, Marriage and Family Therapists (commonly referred to as MFTs or Family Therapists) focus on understanding their clients' symptoms and interaction patterns within their existing environment. MFTs treat predominantly individuals, but also provide couples, family and group therapy.

Research has shown that family-based interventions are as effective - and in many cases more effective - than alternative interventions, often at a lower cost. Studies demonstrate that family therapy is a preferred method of treatment for depression, substance abuse, alcoholism, child problems, couple enrichment, and schizophrenia, to name a few.

Family-based interventions are also effective for persons with medical problems. Treatment outcomes show improvement in the identified patient, as well as in other family members. Family therapy is particularly effective with families who are providing care to elders and to a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer). There is also some evidence that family involvement facilitates disease prevention, demonstrating improved outcomes for weight reduction for children and cardiovascular risks.

Marriage and Family Therapists are mental health professionals trained and licensed to independently ***diagnose and treat mental health and substance abuse problems***. Currently, there are over 50,000 clinically active MFTs.

Family Therapists are the only professionals requiring training in family therapy.

Federal Recognition of MFTs:

- **<u>HRSA Recognizes MFTs as Core Mental Health Professionals</u>**
  The Public Health Service Act recognizes ***marriage and family therapists as a core mental health profession*** under the Health Professional Shortage Area and the National Health Service Corps programs administered by the Health Resources Services Administration (HRSA). Other core professionals are psychiatrists, clinical psychologists, clinical social workers, and psychiatric nurse specialists. (42 CFR Part 5)

By federal definition, MFTs "**diagnose and treat** mental and emotional disorders"
--U.S. **Department of Labor, U.S. Bureau of Labor Statistics.** (June 1999). Standard Occupational Classification, 21-1013 Marriage and Family Therapists: Report 923.

- **New Law Recognizes MFTs as Eligible Providers Under VA**
  Public Law 109-461 adds MFTs to the list of eligible Veterans Administration (VA) mental health providers under the Veterans Benefits Act (38 U.S.C.A. § 7402). This law authorizes the hiring of MFTs within the VA, and ***specifically mentions MFT qualifications in addressing veterans' post-traumatic stress disorder needs***.

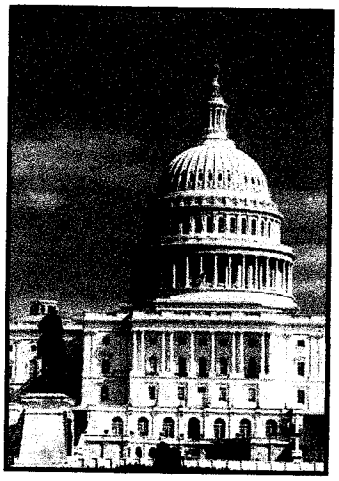
- **DOT Recognizes MFTs as Eligible for Substance Abuse Program**
  The Department of Transportation (DOT) has opened up eligibility for the Substance Abuse Program (SAP) to all licensed or certified Marriage and Family Therapists (MFTs). ***MFTs are eligible to participate in SAP credentialing in all 50 states, and can evaluate any of the approximately 12.1 million people performing safety-sensitive transportation jobs*** who are covered by DOT drug and alcohol regulations.

- **DOD Recognizes MFTs as Health Care Providers**
  The Department of Defense identifies marriage and family therapists as "health-care professionals" who are authorized to provide direct patient care and who may contract with the DOD for personal service contracts. (10 USCS § 1094 & 10 USCS § 1091)

- **CHAMPUS/TRICARE Reimburses MFTs**
  CHAMPUS/TRICARE, the federal health care program for members of the uniformed services and their families, reimburses MFTs as independent extramedical individual providers who do counseling or nonmedical therapy. (32 CFR 199.6 / TRICARE Standard Provider Handbook)

- **Department of Defense Reimburses MFTs**
  The Department of Defense identified MFTs as clinical practitioners eligible for credentialing and independent privileging in DON Family Service Centers and Family Advocacy Program Centers. (SECNAVINST 1754.7)

- **SAMHSA Recognizes MFT Students as Eligible for Minority Fellowship Program**
  The Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) now officially permits MFT students to be granted eligibility to participate in its Minority Fellowship Program.



Why is Federal recognition so important?

Not only does it give MFT practitioners an increased capacity for serving residents of the state and their communities, but ***by playing a participatory role in these key federal programs, that practitioner helps to bring federal financing and work opportunities into the state as well.***

- **NHSC Recognizes MFTs as Behavioral and Mental Health Professionals**
  The National Health Service Corps (NHSC) defines marriage and family therapy as a "behavioral and mental health professional" for purposes of participating in the NHSC Scholarship and Loan Repayment Programs. These programs are designed to provide health care services to underserved populations. (42 U.S.C. 254d)

- **DOE Recognizes MFTs for School Early Intervention Services**
  The Department of Education, in the Individuals with Disabilities Education Act, designates marriage and family therapists as qualified providers of early intervention services to infants and toddlers with a disability. (20 U.S.C.A § 1432)

- **DOE Designates COAMFTE as Accrediting Body for MFT Programs**
  The Department of Education recognizes the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as the national accrediting agency for clinical training programs in marriage and family therapy.

- **Indian Health Service Recognizes MFTs**
  The Indian Health Service authorizes licensed marriage and family therapists to provide mental health care services to Indians in a clinical setting, along with psychologists and social workers. (25 U.S.C.A. § 1621h(l))

Family Therapists are highly qualified to provide mental health services. All licensed MFTs must have a minimum of a master's degree and at least two years of post-graduate supervised clinical experience. Thirty percent of all MFTs have a doctoral degree. Currently, 48 states and the District of Columbia recognize and license Family Therapists as independent mental health providers.

ACADEMICS AND TRAINING

The U.S. Department of Education recognizes the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as the national accrediting agency for clinical training programs in marriage and family therapy. COAMFTE's accreditation standards require clinical training in "**psychodiagnostic categories, and the assessment and treatment of major mental health issues**." (Standards of Accreditation, Version 10-1).

Family therapy for ***severe*** mental illness is one of the most well-studied and effective interventions in the mental health literature. Family involvement - including family psychoeducation, multifamily group therapy, and family therapy - have been consistently linked to better individual and family functioning. ***Family therapy outcomes for severe mental illness include improved well-being, fewer medical illnesses, decreased medical care utilization, and increased self-efficacy.***

Typical Program Curriculum
Master of Family Therapy

Required Courses	**Hours**
Introduction to Couples & Family Therapy*	3
Family Theory	3
Contemporary Issues in Addiction	3
Advanced Family Therapy	3
Human Sexuality in Counseling*	3
Couples & Family Therapy Models*	3
Child & Family Assessment Intervention*	3
Group Psychotherapy*	3
Practicum Beginning-Clinical*	4
Practicum Advanced-Clinical*	4
Practicum Advanced-Clinical*	4
Practicum Advanced-Clinical*	4
Practicum Advanced-Clinical*	4
Gender and Ethnicity	3
Families Across the Life Cycle	3
Psychopathology & Behavior Deviation*	3
Couples Therapy*	3
Professional & Ethical Issues	4
Research Methods	4
Typical Electives	
Existential & Spiritual Issues in Counseling*	3
Violence in Family and Society	3
Medical Family Therapy*	3
Reading: Research and Practices in MFT (optional)	1 - 4
Clinical Therapy (optional)	1 - 4

***Clinically/Psychotherapy related coursework**

Generalist vs Specialist

There is an old argument that MFTs are specialists and should be a sub classification of other professions. However, with so many Federal statutes recognizing MFTs, and the corresponding financial possibilities related to job classifications and grant potentials, states would lose on potential revenues by NOT licensing MFTs. ***More importantly, Federal law and the laws in 48 other states and the District of Columbia already recognize MFT as a legitimate, stand alone, profession.***

Marriage and Family Therapy Core Competencies© December, 2004

The ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess.

The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: ***Mental Health: A Report of the Surgeon General***; the President's New Freedom Commission on Mental Health's ***Achieving the Promise: Transforming Mental Health Care in America***; and the Institute of Medicine's ***Crossing the Quality Chasm***.

In 2004 the AAMFT published "Marriage and Family Therapy Core Competencies." These competencies represent "the minimum that MFTs licensed to practice independently must possess." Three of the most relevant are:

1. "Understand the current models for **assessment and diagnosis** of mental health disorders, substance use disorders, and relational functioning."

2. "**Diagnose and assess** client behavioral and relational health problems systemically and contextually"

3. "Recognize issues that **might suggest referral for specialized evaluation**, assessment, or care."

What distinguishes Family Therapists from other mental health professionals?

A family orientation coupled with rigorous training requirements make Marriage and Family Therapists uniquely qualified to provide mental health services. Family Therapists are trained in various modes of therapy in order to prepare them for work with ***individuals, families, couples, and groups***. The training of MFTs includes **live supervision** by experienced MFTs, which is unique among the mental health disciplines.

What Services are Provided by Family Therapists

- ***Diagnosis and treatment*** of mental and emotional disorders
- Individual psychotherapy
- Family, couple, and group therapy
- Treatment planning

The ***core competencies*** are organized around 6 primary domains The primary domains are:

1. Admission to Treatment
2. **Clinical Assessment and Diagnosis**
3. Treatment Planning and Case Management
4. **Therapeutic Interventions**
5. Legal Issues, Ethics, and Standards
6. Research and Program Evaluation

What Disorders are Commonly Treated by Family Therapists?

- Depression and other Affective Disorders
- Childhood Behavioral and Emotional Disorders
- Marital and Relationship Problems
- Conduct Disorder and Delinquency
- Substance Abuse
- Alcoholism
- Domestic Violence
- Severe Mental Illness
- Physical Illness

Currently, 48 states and the District of Columbia license MFTs as independent mental health professionals. In total, there are over 47,000* MFTs providing clinical services in the United States to some 5.8 million people per year, and nearly half the problems treated are "severe." (Mental Health, United States, 2002. DHHS Pub No. (SMA) 3938.) (Since the DHHS publication, more than 3,000 family therapists have entered the profession)

The primary diagnoses most commonly reported by Family Therapists are mood disorders, relationship problems, anxiety disorders, and adjustment disorders. Half of all primary diagnoses are for depression, anxiety and adjustment disorders, and substance abuse.

Family Therapists are able to serve the needs of rural residents. Rural American suffers disproportionately from a shortage of mental health professionals. Over 31% of rural communities have at least one MFT.

Family Therapists offer effective treatments that result in marked improvements for their clients. In a survey of 492 clients of Family Therapists, 83% of the clients stated that the therapy goals had been mostly or completely achieved. Almost 90% of the clients reported an improvement in their emotional health.

*Marital and Family Therapy means the **diagnosis and treatment of nervous and mental disorders**, whether cognitive, affective, or behavioral, within the context of marital and family systems.*

Family Therapists are trained to handle ***serious mental health problems.*** In a survey that asked Family Therapists to rate the severity of their clients' problems, 94% of the 850 cases handled by these MFTs were rated as moderately severe, severe, very severe, or catastrophic.

Family therapy is effective in treating severe mental illness and other disorders. Family involvement has been consistently linked to better individual and family functioning. ***Family therapy outcomes for severe mental illness include improved well being, fewer illnesses, and decreased medical care utilization.*** Family therapy is particularly effective with families who are providing care to elders and to a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer). Family-based therapy has been proven effective in treating a variety of other disorders and problems regularly encountered by MFTs, including:

- Conduct Disorder and Delinquency
- Childhood Behavioral and Emotional Disorders
- Substance Abuse and Alcoholism
- Marital Problems, Relationship Enhancement, and Domestic Violence

Family Therapists perform the services of diagnosis and psychotherapy. Like members of the other mental health professions, Family Therapists are trained in diagnosis, assessment, and treatment.

Family Therapists are more cost-effective than other mental health professionals. Family Therapists are as effective as other mental health professionals in diagnosing and treating mental health and substance abuse problems, but at a lower cost to payers. A survey of large insurers in Massachusetts found that licensed psychologists cost insurers, on average, $5.00 to $10.00 more per session than MFTs. A recent state-mandated study in Virginia found that the average claim cost per visit by MFTs for a 45 to 50 minute session of psychotherapy was $35.05, which is lower than the average cost per visit for any of the other mandated mental health providers in Virginia. By comparison, the average claim cost per visit was 27% higher for social workers than for MFTs, 34% higher for professional counselors, 70% higher for psychologists, and almost four times higher for psychiatrists.

Family therapy reduces medical expenses. Many studies have concluded that a "cost-offset" phenomenon exists for mental health coverage. An offset effect occurs when people reduce their use of medical services following some type of therapy or behavioral health intervention. A study of marriage and family therapy participants that compared the participants' healthcare utilization for six months before and after family therapy began found that the participants significantly reduced their medical visits by 21.5%.

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FEDERAL GOVERNMENT RECOGNITION OF MFTS

- **Health Resources Services Administration Recognizes MFTs as Core Mental Health Professionals**
  The Public Health Service Act recognizes marriage and family therapists as a core mental health profession under the Health Professional Shortage Area and the National Health Service Corps programs administered by the Health Resources Services Administration (HRSA). The program identifies geographic areas that have a shortage of mental health professionals. Other core professionals are psychiatrists, clinical psychologists, clinical social workers, and psychiatric nurse specialists. (42 CFR Part 5)

- **Veterans Administration Recognizes MFTs**
  MFTs added to the list of eligible Veterans Administration (VA) mental health providers under the Veterans Benefits Act (38 U.S.C.A. §7402). The law identifies MFTs as viable VA employees and/or contractors in Vet Centers and VA Hospitals (Public Law 109-461).

- **Transportation Department Recognizes MFTs as Eligible for Substance Abuse Program**
  The Department of Transportation (DoT) Substance Abuse Program recognizes licensed or certified MFTs as qualified to apply for Substance Abuse Professional (SAP) credentialing. The program provides evaluation and treatment for any of the approximately 12.1 million people performing safety-sensitive transportation jobs covered by DoT drug and alcohol regulations (Public Law 109-59).

- **MFT Students Eligible for Minority Fellowship Program**
  The Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) grants MFT students eligibility to participate in its Minority Fellowship Program (MFP). MFP provides minority students with grants to aid at-risk minority populations in their communities (DHHS SAMHSA FY 08 Justification of Estimates for Appropriations Ctes.).

- **National Health Services Corps Recognizes MFTs as Behavioral and Mental Health Professionals**
  The National Health Service Corps (NHSC) defines marriage and family therapy as a "behavioral and mental health professional" for purposes of participating in the NHSC Scholarship and Loan Repayment Programs. These programs are designed to provide health care services to underserved populations. (42 U.S.C. 254d)

- **Defense Department Recognizes & Reimburses MFTs as Health Care Providers**
  - ✓ The Department of Defense (DoD) identifies marriage and family therapists as "health-care professionals" who are authorized to provide direct patient care and serve as contractors to DoD employees. (10 USCS § 1094 & 10 USCS § 1091)
  - ✓ The Department of Defense identifies MFTs as clinical practitioners eligible for credentialing and independent privileging in DON Family Service Centers and Family Advocacy Program Centers. (SECNAVINST 1754.7)

- **Education Department Recognizes MFT Programs & Providers**
  - ✓ The Department of Education (DoE), in the Individuals with Disabilities Education Act (IDEA), designates MFTs as qualified providers of early intervention services to infants and toddlers with a disability. (20 U.S.C.A s 1432)
  - ✓ The Department of Education recognizes the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as the national accrediting agency for clinical training programs in marriage and family therapy (DoE recognition; 1978, 1980, 1984, 1989, 1995, 1999, and 2005).

- **CHAMPUS/TRICARE Reimburses MFTs**
  CHAMPUS/TRICARE, the federal health care program for members of the uniformed services and their families, reimburses MFTs as independent extra-medical individual providers who provide counseling or non-medical therapy.
  (32 CFR 199.6 / TRICARE Standard Provider Handbook)

- **Indian Health Service Recognizes MFTs**
  The Indian Health Service authorizes licensed marriage and family therapists to provide mental health care services to Indians in a clinical setting, along with psychologists and social workers. (25 U.S.C.A. s 162h(l))

Mental Health, United States, 2002

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Disclaimer

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Chapter 21

Mental Health Practitioners and Trainees

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Another mechanism that has grown rapidly is the use of the World Wide Web. Almost all counseling departments have a departmental Web page. These Web pages typically describe the program and its requirements and provide access to course syllabuses as well as information about the faculty. In some cases, much of the application process to the program can be completed online. The ACA and several of its divisions and NBCC have informative Web sites. One of the features of a Web page is the ability to link to other information sources with the click of a computer mouse. The amount of information that can be conveyed quickly and easily is enhanced enormously, and this trend will continue into the future.

The use of electronic communication in counseling is a relatively recent phenomenon that has profound practical and ethical implications. Counseling organizations are attempting to come to terms with this fact in various ways. For example, both the ACA and NBCC have developed a code of ethics for Webcounseling. In addition, a variety of commissions and committees are studying these issues. Also, courses are being taught electronically, and entire degrees can be completed online. This fact raises the issues of accreditation, accountability, and quality. The use of real-time video for counseling sessions raises issues of confidentiality because the Internet still poses serious confidentiality questions.

Even more current is the Nation's awareness of the potential for national catastrophe and the emotional distress that results after disasters, whether manmade or natural. The events of September 11 have reinforced the need for professional counselors. Counselors, as well as numerous other individuals from various health care disciplines, were called upon to respond to the psychological needs of those directly or indirectly linked to the terrorist attacks. Crisis counseling and grief counseling was, and continues to be, an integral part of the healing process. Whereas counseling programs typically have offered training in crisis intervention and post-traumatic stress counseling, the need for further developing these courses has resulted in curriculum change. Looking ahead to the future, it is hard to predict the psychological impact these events had on people or how many incidences of post-traumatic stress disorder, along with other mental difficulties, may result. What is certain is that counselors were, and continue to be, available to help people acquire the behaviors, beliefs, decision-making skills, as well as the abilities to cope with the aftermath of crises and mental illness.

Marriage and Family Therapy

Marriage and family therapists (MFTs) are mental health professionals trained in psychotherapy and family systems and licensed to diagnose and treat mental and emotional disorders within the context of marriage, couples, and family systems.

Marriage and family therapy grew out of the public's demand for professional assistance with marital difficulties and from the development of a family systems therapy orientation by psychotherapy professionals and others (Nichols, 1992). From their beginnings in the 1930s and 1940s, MFTs have developed into uniquely qualified health care professionals who are federally recognized as a core mental health discipline, along with psychiatry, psychology, social work, and psychiatric nursing (42 CFR Part 5 Appendix C).

Federal law defines an MFT as "an individual normally with a master's or doctoral degree in marital and family therapy, and at least two years of supervised clinical experience who is practicing as a marital and family therapist and is licensed or certified to do so by the State of practice; or, if licensure or certification is not required by the State of practice is eligible for clinical membership in the American Association for Marriage and Family Therapy" (42 CFR Part 5 Appendix C). The Department of Labor defines MFT services as: "diagnose and treat mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Apply psychotherapeutic and family systems theories and techniques in the delivery of professional services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders" (21-1013 Marriage and Family Therapists). Research has found the services provided by MFTs to be effective (often more than standard treatments) for many severe disorders and to result in improved outcomes in both the health and functioning of clients (Doherty and Simmons, 1996; Pinsof and Wynne, 1995).

The profession of marriage and family therapy has burgeoned since the 1970s, with the number of therapists increasing from an estimated 1,800 in 1966 to 7,000 in 1979 to almost 50,000 currently.

Demographic and Training Characteristics

An estimated 47,111 MFTs were clinically active in the United States in 2001 (see table 1). Females represent two-thirds of practicing MFTs (see table

2), and the median age is 53 (Northey, 2002; Riemersma, 2002).

Consistently, African-Americans and those of Hispanic descent are underrepresented among MFTs, compared with their proportions in the U.S. population. As table 2 shows, the ratios of MFTs of Asian origin and Native Americans are more in line with their representation in the total population. As in the other mental health disciplines, Whites are significantly overrepresented, making up 93 percent of MFTs, compared with 75.1 percent of the U.S. population. Gender differences exist, however. Slightly more minorities are found among male than female MFTs (8.5 versus 6.2 percent). Increased representation of minorities among MFTs appears promising. Almost 22 percent of the students enrolled in 2002 in training programs accredited by the Commissions on Accreditation for Marriage and Family Therapy Education (COAMFTE) are from minority population groups.

Table 3 reveals that the distribution of marriage and family therapists varies considerably across the United States. These variations can be explained by the existence (or lack thereof) of State regulation of the practice of marriage and family therapy or the presence of accredited university/college training programs. MFTs have strong representation in rural areas, with 31.2 percent of rural counties having at least one MFT.

In 2001, an estimated 27,467 individuals were in training to be MFTs (see table 8). This includes an estimated 17,298 students in 166 master's and doctoral degree programs and 10,169 who have graduated but are not yet practicing independently.

The primary agency recognized by the U.S. Department of Education for the accreditation of clinical training programs in marriage and family therapy at the master's, doctoral, and postgraduate levels is COAMFTE of the American Association for Marriage and Family Therapy (AAMFT). COAMFTE accreditation is required for programs to establish eligibility to participate in Federal programs. COAMFTE also is recognized by the Council for Higher Education Accreditation (CHEA, formerly CORPA), a nonprofit organization of colleges and universities that coordinates and provides oversight of accrediting bodies. As of 2002, COAMFTE had accredited or in candidacy status 55 master's degree, 18 doctoral degree, and 14 postgraduate degree programs in 36 States.

Over three-quarters of MFTs in clinical practice hold a master's degree (78 percent) with another 22 percent having doctoral degrees (Northey, 2002; Riemersma, 2002). Forty-five percent of MFTs received their degree in marriage and family therapy. Upwards of 90 percent of MFTs are licensed as marriage and family therapists in their States (Northey, 2002; Riemersma, 2002).

Almost three-quarters (72 percent) of the estimated 47,111 clinically active MFTs in 2000 completed their training more than 10 years ago (see table 4), making them highly experienced as a group.

Thirty-seven of the 45 States that regulate MFTs require some continuing education. The average number of hours required is 35 per two-year renewal cycle. The mean number of continuing education hours obtained by MFTs is approximately 27 per year (Northey and Harrington, 2001; Riemersma, 2002).

Professional Activities

In 2000, most MFTs (53.8 percent) worked full time (see table 1), usually in one setting (37.8 percent) (see table 5). Further, most MFTs work in a private individual or group clinical practice (86.7 percent) at least part time (see table 6). However, the number of MFTs who work exclusively in private practice settings (50 percent) seems to be dropping. There is a concomitant shift in the numbers of MFTs working in public sector jobs, with 52.1 percent of the MFTs employed full time working in hospitals, academic settings, clinics, or social service settings (see table 6).

Increasingly, as shown in table 7, MFTs are involved in roles other than direct treatment, such as administration of human service and agency settings (56.0 percent), teaching (46.7 percent), and research (16.5 percent), as well as other activities, such as prevention program development, public welfare (especially child welfare through family preservation services), public policy development, client advocacy, consultation to businesses, and, more recently, managed care case management (Doherty and Simmons, 1996). On average, MFTs work 32 hours per week, seeing 18 clients (Northey, 2002).

MFTs treat the full spectrum of the American society. More than half the clients seen are female (57 percent); 24 percent are racial and ethnic minorities (Northey, 2002); and 64 percent of MFTs say they feel competent from their training to treat racial and ethnic minorities (Doherty and Simmons, 1996). About half the adult clients of MFTs have a college or postgraduate degree, whereas the other half have a high school degree and some college. Cli-

ents range from infants to seniors with a median age of about 38 (Doherty and Simmons, 1996).

MFTs treat a wide range of individual, couple, and family problems. Depression, marital and couple difficulties, anxiety, parent-adolescent conflict, and child behavior problems are the five most commonly cited presenting problems (Northey, 2002).

The presenting problems treated by MFTs tend to be severe. Nearly half (49 percent) of the problems are rated as severe or catastrophic; another 45 percent moderately severe; and six percent mild. The severity of client problems is further supported by the fact that 29.3 percent had been hospitalized in the past year, and 6.1 percent were hospitalized while under treatment by the MFT (Doherty and Simmons, 1996).

Despite their focus on family systems, MFTs do not treat only couples and family units. Indeed, nearly half the cases seen by MFTs are individuals (42.5 percent), 22.7 percent are couples, and 16.5 percent are families (Northey, 2002). A significant proportion of the clients seen are children (28.3 percent).

Clients report being highly satisfied with the services of MFTs. In a national survey of clients, 98.1 percent rated the services as good or excellent; 97.1 percent said they got the kind of help they wanted; and 91.2 percent said they were satisfied with the amount of help they received. Furthermore, 94.3 percent said they would recommend their therapist to a friend (Doherty and Simmons, 1996).

Clients also reported overwhelmingly positive changes in functioning: 83 percent reported that their therapy goals had been mostly or completely achieved. Nearly 9 out of 10 (88.8 percent) reported improvement in their emotional health; 63.4 percent reported improvement in their overall physical health; and 54.8 percent reported improvement in their functioning at work (Doherty and Simmons, 1996).

Treatment by MFTs is naturally brief and cost-effective. The average length of treatment is 11.5 sessions for couples therapy, 9 sessions for family therapy, and 13 sessions for individual therapy. The average fee is $80 per hour, which makes the average cost per case $780 (Doherty and Simmons, 1996).

As of the end of 2003, 46 States and the District of Columbia regulated the practice of marriage and family therapy. The latest to pass a licensure bill was the District of Columbia, in November 2003. California was the first State to regulate the profession in 1963, followed by Michigan in 1966 and New Jersey in 1968. The most impressive growth in State regulation began in the 1980s, with the vast majority of State regulatory laws having been adopted since 1980.

All MFT licensure laws regulate the profession at the independent level of practice. The most common title for regulation is Licensed Marriage and Family Therapist, although a few States use Licensed Clinical Marriage and Family Therapist. Arizona was the last State to regulate the profession through certification rather than licensure, but that law was amended in 2003. Many States also provide an interim certification or license for post-graduates who are obtaining their two years of clinical experience for a license.

States' definitions of the practice of marriage and family therapy vary in the specific language used, but are consistent with AAMFT's Model Licensure Law, which states the following:

> "Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family system theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.

While the overwhelming majority (90 percent) of the 47,111 MFTs nationwide hold a State marriage and family therapy license, 24.2 percent hold additional professional licenses. This fact reflects the multidisciplinary nature of marriage and family therapy. The additional licenses include psychologist (2.7 percent), social worker (6.6 percent), professional counselor (12.1 percent), and nurse (2.9 percent) (Northey, 2002). Two-thirds (67.6 percent) of MFTs hold only a marriage and family therapy license. There has been a 41 percent increase since 1995 of licensees outside California. Regardless of their training, most MFTs (73.0 percent) describe their primary professional identity as marriage and family therapist (Northey, 2002).

Psychosocial Rehabilitation

Psychosocial rehabilitation (PSR) is a rapidly growing approach to working with individuals with severe mental illness in the community. Specifically, PSR programs usually provide any combination of